

EXHIBIT C

PETITION TO CLASSIFY STATUS OF ALIEN RELATIVE FOR ISSUANCE OF IMMIGRANT VISA

INFORMATION Fee Stamp

APR - 8 1983

Immigration and Naturalization Service New York, N. Y.

PLEASE CHECK IF YOU ARE THE PETITIONER AND YOUR RELATIVE IS THE BENEFICIARY

TO THE SECRETARY OF STATE:

The petition was filed on APRIL 8, 1983

The petition is approved for status under section:

☐ SPOUSE, 201 (b) CHILD

☐ 201 (b) PARENT

☐ 203 (a) (1)

☒ 203 (a) (2)

☐ 203 (a) (4)

☐ 203 (a) (5)

DATE OF ACTION

U.S. APPROVED MAY 16 1983

DD

DISTRICT

REMARKS

- ☐ PERSONAL INTERVIEW CONDUCTED
☒ DOCUMENT CHECK ONLY
☐ FIELD INVESTIGATION COMPLETED
☐ APPROVAL PREVIOUSLY FORWARDED

PETITIONER IS NOT TO WRITE ABOVE THIS LINE

1. Name of beneficiary (Last, in CAPS) (First) (Middle) CEDENO DANIEL DE JESUS		2. Do Not Write in This Space	3. Beneficiary's marital status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Single
4. Other names used by beneficiary (including maiden name if married) CEDENO, DANIEL DE JESUS			5. Has this beneficiary ever been in the U.S.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Country of beneficiary's birth DOMINICAN REPUBLIC	7. Date of beneficiary's birth (Month, day, year) JANUARY 3, 1965		8. Are beneficiary and petitioner related by adoption? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. Petitioner's name is: (Last, in CAPS) (First) (Middle) MEDINA MILEDYS ALTAGRACIA	10. Petitioner's phone No. (212) 388-1834		11. The beneficiary is my: (relationship) SON
12. Other names used by petitioner (including maiden name if married woman) MILEDYSALTAGRACIA MEDINA de CEDENO			
13. Name of beneficiary's spouse, if married, and date and country of birth (Omit this item if petition is for your spouse) NONE			
14. Full address of beneficiary's spouse and children, if any (Omit this item if petition is for your spouse) NONE			
15. Names, birthdates and countries of birth of beneficiary's children: NONE			
16. Check the appropriate box below and furnish the information required for the box checked: <input checked="" type="checkbox"/> Beneficiary will apply for a visa abroad at the American Consulate in SANTO DOMINGO DOMINICAN REPUBLIC (CITY IN FOREIGN COUNTRY) (FOREIGN COUNTRY) <input type="checkbox"/> Beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____ (CITY) (STATE) If the application for adjustment of status is denied, the beneficiary will apply for a visa abroad at the American Consulate in _____ (CITY IN FOREIGN COUNTRY) (FOREIGN COUNTRY) 17. Address in the United States where beneficiary will reside (City) (State) 221 ROEBLING STREET APT. 2 BKLYN NEW YORK 11211 18. Address at which beneficiary is presently residing (Apt. No.) (Number and street) (Town or city) (Province or State) (ZIP Code) ABREU #49 SANTO DOMINGO DOMINICAN REP. (a) Beneficiary's address abroad (if any) is: (Number and Street) (Town or City) (Province) (Country) ABREU #49 SANTO DOMINGO DOMINICAN REP. (b) If the beneficiary's native alphabet is other than Roman letters, write his/her name and address in the native alphabet: (Name) (Number and Street) (Town or City) (Province) (Country) DANIEL de JESUS CEDENO, ABREU #49 SANTO DOMINGO DOMINICAN REP.			

OVER

20. If beneficiary is in the United States, give the following information concerning beneficiary:

(a) Last arrived in U.S. as <u>NONE</u> (Visitor, student, exchange alien, crewman, stowaway, etc.) on (Month) (Day) (Year)	(b) Date beneficiary's stay expired or will expire as shown on his Form I-94 or I-95. (Month) (Day) (Year)	(c) Beneficiary's File number if any A- <u>CAE</u>
(d) Name and address of beneficiary's present employer <u>NONE</u>		(e) Date beneficiary began this employment

21. I was born: (Month) (Day) (Year) Sto. Dom 9-4-45 in: (Town or city) Sto. Domingo (State or Province) Dom. Republic (Country)

22. If you are a citizen of the United States, give the following:
Citizenship was acquired: (Check one)

☐ through birth in the U.S. ☐ through parents ☐ through naturalization ☐ through marriage

(1) If acquired through naturalization, give name under which naturalized or name used prior to naturalization, if different from your present name, number of naturalization certificate, and date and place of naturalization:

(2) If known, my former alien registration number was A _____

(3) If acquired through parentage or marriage, have you obtained a certificate of citizenship in your own name? _____

(a) If so, give number of certificate and date and place of issuance: _____

(b) If not, submit evidence of citizenship in accordance with instruction 3 a (2)

23. If you are a lawful permanent resident alien of the United States, give the following:

a. Alien Registration Number A-37034616 ✓ b. Date, place, and means of admission for lawful permanent residence Feb. 27, 1981 NYC, PERMANENT RESIDENCE

24. If this petition is for your spouse or child, give the following:

a. Date and place of your present marriage JANUARY 4, 1982 SANTO DOMINGO, DOMINICAN REP.

b. Names of your prior spouses NONE

c. Names of spouse's prior spouses NONE

25. My residence in the United States is: (C/O, if appropriate) (Apt. No.) (Number and Street) (Town or city) (State) (ZIP Code)
APT 2 221 ROEBLING B'KLYN N.Y. 11211

26. My address abroad (if any) is: (Number and street) (Town or city) (Province) (Country)
ABREU # 49 SANTO DOMINGO DOMINICAN REP.

27. Last address at which I and my spouse resided together (Town or city) (State or Province) (Country) (Apt. No.) (Number and street) (Month) (Year) (Month) (Year)
STO. DOMINGO DOM. REP. ABREU # 49 Feb. 1981

28. If this petition is for a child, (a) is the child married? NO (b) is the child your adopted child? NO If so, give the names, dates, and places of birth of all other children adopted by you. If none, so state.
NONE

29. If this petition is for a brother or sister, are both your parents the same as the alien's parents? If not, submit a separate statement giving full details as to parentage, dates of marriage of parents, and the number of previous marriages of each parent.

30. If separate petitions are also being submitted for other relatives, give names of each and relationship to petitioner.
DANIEL de JESUS, ARELIS ALTA GRACIA, SON and daughter

31. Have you ever filed a petition for this alien before? NO If so, give place and date of filing and result.

32. CERTIFICATION OF PETITIONER

I certify, under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on (date) 2 APRIL 1983 Signature Milady Altamirano Medina

33. SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN PETITIONER

I declare that this document was prepared by me at the request of the petitioner and is based on all information of which I have any knowledge.

(SIGNATURE) (ADDRESS) (DATE)